

## 24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

09/30/2008 20 : 39

National Rifle Association of America Political Victory Fund

11250 Waples Mill Road

Fairfax

VA

22030

FEC ID No. C00053553

☐ 24-Hour Notice ☒ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 4

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
National Rifle Association of America Political Vi-  
ctory Fund

FEC IDENTIFICATION NUMBER

C C00053553

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Prolist Inc.

Date

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Amount

300.00

Mailing Address

8341 Beechcraft Avenue

City

Gaithersburg

State

MD

Zip Code

20879-1509

Purpose of Expenditure

Phone Data Matching

Category/  
Type

004

Office Sought:

☒ House

State: FL

☐ Senate

District: 24

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: 26507709

Calendar Year-To-Date Per Election

0.00

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Prolist Inc.

Date

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Amount

150.00

Mailing Address

8341 Beechcraft Avenue

City

Gaithersburg

State

MD

Zip Code

20879-1509

Purpose of Expenditure

Phone Data Matching

Category/  
Type

004

Office Sought:

☒ House

State: MI

☐ Senate

District: 09

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: 26507829

Calendar Year-To-Date Per Election

0.00

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

450.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

Signature

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

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Full Name (Last, First, Middle, Initial) of Payee

Prolist Inc.

Date

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Amount

150.00

Mailing Address

8341 Beechcraft Avenue

City

Gaithersburg

State

MD

Zip Code

20879-1509

Purpose of Expenditure

Phone Data Matching

Category/  
Type

004

Office Sought: ☒ House

State: NC

☐ Senate

District: 08

☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: 26508088

Calendar Year-To-Date Per Election

0.00

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Prolist Inc.

Date

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Amount

150.00

Mailing Address

8341 Beechcraft Avenue

City

Gaithersburg

State

MD

Zip Code

20879-1509

Purpose of Expenditure

Phone Data Matching

Category/  
Type

004

Office Sought: ☐ House

State: NC

☒ Senate

District: \_\_\_\_\_

☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: 26508045

Calendar Year-To-Date Per Election

0.00

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

300.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

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Mary Rose Adkins

Signature

M M / D D / Y Y Y Y  
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Full Name (Last, First, Middle, Initial) of Payee

Prolist Inc.

Date

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Amount

375.00

City

Gaithersburg

State

MD

Zip Code

20879-1509

Purpose of Expenditure

Phone Data Matching

Category/  
Type

004

Office Sought: ☒ House

State: NM

☐ Senate

District: 02

☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: 26507909

Calendar Year-To-Date Per Election

0.00

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Prolist Inc.

Date

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Amount

375.00

City

Gaithersburg

State

MD

Zip Code

20879-1509

Purpose of Expenditure

Phone Data Matching

Category/  
Type

004

Office Sought: ☒ House

State: NM

☐ Senate

District: 02

☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : \_\_\_\_\_

Transaction ID: 26507988

Calendar Year-To-Date Per Election

0.00

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

750.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

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Mary Rose Adkins

Signature

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

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Full Name (Last, First, Middle, Initial) of Payee

Prolist Inc.

Date

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Mailing Address

8341 Beechcraft Avenue

Amount

300.00

City

Gaithersburg

State

MD

Zip Code

20879-1509

Purpose of Expenditure

Phone Data Matching

Category/  
Type

004

Office Sought:

☒ House

State: PA

☐ Senate

District: 03

☐ Presidential

Check One:

☒ Support☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Rep. Phil English

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election

0.00

for Office Sought

Transaction ID: 26508191

(a) SUBTOTAL of Itemized Independent Expenditures .....

300.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

1800.00

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Mary Rose Adkins

Signature

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8